

## Application Data Sheet

### Application Information

Application number:: Unassigned  
Filing Date:: 12/06/00  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: DIRECT WAVEFRONT-BASED CORNEAL  
ABLATION TREATMENT PROGRAM  
Attorney Docket Number:: 018158-018610US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: Fig. 5  
Total Drawing Sheets:: 14  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: LAWRENCE  
Middle Name:: W.  
Family Name:: STARK  
Name Suffix::  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 9 West Parnassus Court  
City of Mailing Address:: Berkeley  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94708-2039

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JOHN  
Middle Name:: K.  
Family Name:: SHIMMICK  
Name Suffix::  
City of Residence:: Belmont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1100 Lassen Drive  
City of Mailing Address:: Belmont  
State or Province of mailing address:: CA

1006699120601

Country of mailing address::

Postal or Zip Code of mailing address:: 94002

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Application::	Filing Date::
This Application	Claims benefit of priority of	60/254,313	12/08/00
	Provisional Application		

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::